

Element	Name	Definition
E1.1	Patient Care Report Number	The unique number automatically assigned by the EMS agency for each patient
E2.1	EMS Agency Number	The state-assigned provider number of the responding agency
E2.4	Type of Service Requested	The type of service or category of service requested of the EMS service responding for this specific EMS incident.
E2.6	Type of Dispatch Delay	The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter
E2.7	Type of Response Delay	The response delays, if any, of the unit associated with the patient encounter
E2.8	Type of Scene Delay	The scene delays, if any, of the unit associated with the patient encounter
E2.9	Type of Transport Delay	The transport delays, if any, of the unit associated with the patient encounter
E2.10	Type of Turn-Around Delay	The turn-around delays, if any, associated with the EMS unit associated with the patient encounter
E2.20	Response Mode to Scene	Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene
E3.1	Complaint Reported by Dispatch	The complaint dispatch reported to the responding unit.
E3.2	EMD Performed	Indication of whether EMD was performed for this EMS event.
E4.2	CrewMember Role	The role of the crew member during transport of this call.
E4.3	Crew Member Level	The functioning level of the crew member during this EMS patient encounter.
E5.4	Unit Notified by Dispatch Date/Time	The date the responding unit was notified by dispatch
E5.5	Unit En Route Date/Time	The date/time the unit responded; that is, the time the vehicle started moving
E5.6	Unit Arrived on Scene Date/Time	The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving
E5.8	Transfer of Patient Care Date/Time	The date/time the patient was transferred from this EMS agency to another EMS agency for care.
E5.9	Unit Left Scene Date/Time	The date/time the responding unit left the scene (started moving)
E5.10	Patient Arrived at Destination Date/Time	The date/time the responding unit arrived with the patient at the destination or transfer point
E5.11	Unit Back in Service Date/Time	The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location)
E5.12	Unit Cancelled Date/Time	The date/time if the unit's call was cancelled
E6.10	Social Security Number	The patient's social security number
E6.11	Gender	The patient's gender
E6.12	Race	The patient's race as defined by the OMB (US Office of Management and Budget)
E6.13	Ethnicity	The patient's ethnicity as defined by the OMB (US Office of Management and Budget)

E6.14	Age	The patient's age (either calculated from date of birth or best approximation)
E6.15	Age Units	The units which the age is documented in (Hours, Days, Months, Years)
E7.34	CMS Service Level	The CMS service level for this EMS encounter.
E7.35	Condition Code Number	The condition codes associated with the CMS EMS negotiated rule-making process.
E7.37	Air Ambulance Modifier for Condition Code Number	The CMS Condition Code Air Ambulance Modifier indicating why it was medically necessary to respond with air medical services as opposed to ground medical services.
E8.7	Incident Location Type	The kind of location where the incident happened
E8.12	Incident City	The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)
E8.13	Incident County	The county or parish where the patient was found or to which the unit responded (or best approximation)
E8.14	Incident State	The state, territory, or province where the patient was found or to which the unit responded (or best approximation)
E8.15	Incident ZIP Code	The ZIP code of the incident location
E9.1	Prior Aid	Any care which was provided to the patient prior to the arrival of this unit.
E9.2	Prior Aid Performed by	The type of individual who performed the care prior to the arrival of this unit.
E9.3	Outcome of the Prior Aid	What was the outcome or result of the care performed prior to the arrival of the unit?
E9.4	Injury Present	Indication whether or not there was an injury.
E9.11	Complaint Anatomic Location	The primary anatomic location of the chief complaint as identified by EMS personnel
E9.12	Complaint Organ Agency	The primary organ system of the patient injured or medically affected. This is to be completed by EMS personnel with a minimum of an EMT-Paramedic level of credentialing.
E9.13	Primary Symptom	The primary sign and symptom present in the patient or observed by EMS personnel
E9.14	Other Associated Symptoms	Other symptoms identified by the patient or observed by EMS personnel
E9.15	Providers Primary Impression	The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).
E10.1	Cause of Injury	The category of the reported/suspected external cause of the injury
E10.8	Use of Occupant Safety Equipment	Safety equipment in use by the patient at the time of the injury
E11.1	Cardiac Arrest	Indication of the presence of a cardiac arrest at any time.
E11.2	Cardiac Arrest Etiology	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.) (Utstein #5)
E11.3	Resuscitation Attempted	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)
E11.4	Arrest Witnessed by	Indication of who the cardiac arrest was witnessed by

E11.6	Any Return of Spontaneous Circulation	Indication whether or not there was any return of spontaneous circulation
E12.1	Barriers to Patient Care	Indication of whether or not there were any patient specific barriers to serving the patient at the scene
E14.27	RTS	The patient's Revised Trauma Score
E14.28	Pediatric Trauma Score	The Trauma Score for patients age 12 and under
E18.3	Medication Given	The medication given to the patient
E18.4	Medication Administered Route	The route medication was administered to the patient.
E18.7	Response to Medication	The patient's response to the medication.
E18.8	Medication Complication	Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS
E19.3	Procedure	The procedure performed on the patient.
E19.5	Number of Procedure Attempts	The number of attempts taken to complete a procedure or intervention regardless of success
E19.6	Procedure Successful	Indication of whether or not the procedure performed on the patient was successful
E19.7	Procedure Complication	Any complication associated with the performance of the procedure on the patient
E19.8	Response to Procedure	The patient's response to the procedure
E20.1	Destination/ Transferred To, Name	The destination the patient was delivered or transferred to
E20.2	Destination/ Transferred To, Code	The code of the destination the patient was delivered or transferred to, if present and available
E20.3	Destination Street Address	The street address of the destination the patient was delivered or transferred to
E20.4	Destination City	The city name of the destination the patient was delivered or transferred to
E20.5	Destination State	The destination State in which the patient was delivered or transferred to
E20.6	Destination County	The destination County in which the patient was delivered or transferred to
E20.7	Destination Zip Code	The destination zip code in which the patient was delivered or transferred to
E20.10	Incident/Patient Disposition	Type of disposition treatment and/or transport of the patient.
E20.14	Transport Mode from Scene	Indication whether or not lights and/or sirens were used on the vehicle while leaving scene
E20.16	Reason for Choosing Destination	The reason the unit chose to deliver or transfer the patient to the destination
E20.17	Type of Destination	The type of destination the patient was delivered or transferred to
E23.3	Personal Protective Equipment Used	The personal protective equipment which was used by EMS personnel during this EMS patient contact.

E23.5	Suspected Contact with Blood/Body Fluids of EMS Injury or Death	Indication of unprotected contact with blood or body fluids
E23.6	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death	The type of exposure or unprotected contact with blood or body fluids
E23.10	Who Generated this Report?	The statewide assigned ID number of the EMS crew member which completed this patient care report